United States Bankruptcy Court

	Officed States Dankruptcy Court
In re: "Ana Virgini	Eastern District of Pennsylvania : Case No.: 13 - 15577 - 4 a Cruz:
Ana Virginia Cruz I, Ana Virginia Cruz my oath, depose(s) and s	: CERTIFICATION OF BUSINESS DEBTO REGARDING MONTHLY REPORT Ing Cruz, being of full age and duly sworn upon ay(s):
2. I have completed and SEPTEM I	attached a Monthly Financial Report for the month of ER/Z016 in the Monthly Financial Report is complete, true and correct lge, information and belief.
States Bankruptcy Court,	and all attachments shall be filed with the Clerk of the United the United States Trustee and the Chapter 13 Standing Trustee n 1304 and Section 704(8) of the United States Bankruptcy
Date: 1 30 17	Debto

Debtor

Date:

IN THE MATTER OF:	Case No. 13-15577	
Ara Virginia Cruz	PETITION FILED: 6-25-13	-1,
11	MONTHLY REPORT NO. 39	Market and a second
DEBTOR IN POSSESSION	MONTH ENDED 9-30-2016	<u> </u>
,	, , ,	
ALL ITEMS MUST BE ANSWERED	USING "NONE" OR N/A WHERE APPROPRIATE	
CHAPTER 13 MONTHLY REPORT	FOR INDIVIDUALS ENGAGED IN BUSINESS	*.
·	ereafter, from prior reporting period) $= 13,76$	2.80
2. Receipts (Sales)	27, 263.97	
a. Salary and Commissions	2,750.17	
b. Interest or Dividend Income		
c. TOLLS	200.00	
d. Other (TRUSTEE)	<u>200.00</u> <u>446.03</u>	
TOTAL RECEIPTS "	13,50	0/./7
3. Disbursements: (PURCHASE)	26,212.26	1
a. Taxes – IRS		
b. Taxes-State, including any sales tax due	Constitution and administration of the second secon	
c. Taxes-Real Estate	· management	
d. Other Office Supply		
e. Utilities (phone Souriee)	/30.46	
f. 15torage Rent	282-62	
g. Insurance premiums (TWCK)	214.29	
h. Food	726.42	
i. Medical (Bank fee)	12.79	
j. TRUCK Repair	1.141.38	
k. Truck expenses Gas	531.02	

se 18-15577-ref	n
CASE NO. 13-15577 MONTH ENDING 9-30-20	216
1. Clothing 20.00	
m. Gifts – donations ')	
n. Membership	
o. Other. Retwens 300.03	
TOTAL DISBURSEMENTS 28, 052.17	
4. Balance at end of reporting period [(1-2)-3] $\frac{-19,466.07}{}$	
5. Are you paying all your debts (post filing) as they are incurred? If not, list outstanding obligations and amounts due at end of current period on Schedule C. Yes	
6. Is all insurance paid up-to-date? 425	
Debtor in Possession Checking Account(s):	
NAME, LOCATION AND NUMBER(S) TD BONK XXXX 7/3/	
BRANCH 1321 ROUTE 22, Phillisburg, NJ 08833	
Debtor in Possession Savings Account(s) and Investments, including IRA's, Keogh, Pension:	
DESCRIBE: UR	
BRANCH: U/A ·	
SCHEDULE A	
(2)(d) Other:	
SCHEDULE B	
Gifts – donations/Name(s) of recipient(s): $N \mid A$	

Tuition(s) list name and school(s): NM

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MONTH ENDING 9-30-20/6

SCHEDULE C

Outstanding obligations: (List payee and date incurred).

I DECLARE THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I FURTHER CERTIFY THAT ALL TAX REPORTS OR RETURNS WHICH BECAME DUE DURING THE REPORTING PERIOD HAVE BEEN FILED AND ALL REQUIRED PAYMENTS MADE.

SIGNATURE OF DEPTOR(S)

1/30/2017 DATE